

Thyroid Nodules

Definition: Palpable swelling in a thyroid with otherwise normal appearance

Epidemiology:

- palpable nodules in 5% of population, but incidental findings on as many as 20%
- 23% of solitary nodules turn out to be dominant nodules within multinodular goiter
- thyroid carcinoma in 5-10% of palpable nodules
- nodules four times more common in women than men

Presentation:

- gross majority are asymptomatic
- majority also euthyroid (<1% hyperthyroid)
- if large can get neck pressure or pain (spontaneous hemorrhage), also ask about swallowing difficulty, speech change, breathing difficulty

PCP job: must rule out thyrotoxicosis and cancer

Red flags for thyroid cancer:

1. Male
2. Extremes in age
3. Rapid growth or change
4. Symptoms of local invasion
5. History of radiation
6. Family history of thyroid cancer

Diagnosis:

1. TSH – rule out hypo or hyperthyroidism, however should not be used to distinguish whether nodule benign or malignant
2. If thyrotoxic consider nuclear scan for uptake
3. If cold nodule or euthyroid, then FNA (ultrasound guided)

-US not yet standard of care for diagnosis, but extremely helpful in guiding biopsy.

Treatment:

- main indications for surgical resection are malignancy or indeterminate cytology
- ‘hot’ nodules: surgery or ablation
- benign biopsies should be monitored with annual US
- can consider short-term trial of synthroid for suppression of benign solitary nodules

